



INTERNAL  
CORRESPONDENCE

UNION CARBIDE CORPORATION 39 OLD RIDGEBURY RD DANBURY CT 06817-0001

To (Name)	D.J. Hansen	Date	June 13, 1986
Division	UMETCO Minerals Corp.	Originating Dept	Insurance Department
Location	Niagara Falls, NY 14302	Area	B4 154
Area			
Copy to	J.F. Frost F.V. McMillen	Subject	Application for Radioactive Waste Transport Permit

Dear Mr.Hansen:

As requested in your June 11th memo, attached herewith is certificate of insurance issued to the South Carolina Department of Health and Environmental Control. You will note that this certificate has been issued on essentially the same basis as the prior certificates provided for this permit, except that our coverage is now placed with Continental Insurance Company.

Please note we have not specifically specified the language in Article 3.2.3 of the Regulation No. 61-83. Obviously, this language was not included on the prior American Motorists certificates, so this should not present a problem.

We trust the enclosed will satisfy your requirements for a permit. Let me know if anything further is needed.

Very truly yours,

Corporate Insurance Manager

RMThode/jk  
Attach.

UCCNHT0001923



# CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

6/13/86

## PRODUCER

Marsh & McLennan  
1221 Avenue of the Americas  
New York, NY 10020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** Continental Insurance Co.COMPANY LETTER **B**COMPANY LETTER **C**COMPANY LETTER **D**COMPANY LETTER **E**

## INSURED

Union Carbide Corporation  
39 Old Ridgebury Road  
Danbury, Connecticut  
06817-0001

## COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
						EACH OCCURRENCE	AGGREGATE
<b>A</b>	<b>GENERAL LIABILITY</b>				BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD	SRL 334 7439	1/1/86	1/1/87	BI & PD COMBINED	\$ 1,000	\$ 1,000
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS	SRL 334 7436 *			PERSONAL INJURY		\$
	<input checked="" type="checkbox"/> CONTRACTUAL						
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS						
	<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE						
	<input checked="" type="checkbox"/> PERSONAL INJURY						
<b>A</b>	<b>AUTOMOBILE LIABILITY</b>				BODILY INJURY (PER PERSON)	\$	
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (PER ACCIDENT)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)	SRB 335 1869	1/1/86	1/1/87	PROPERTY DAMAGE	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)	SRB 335 1869 *			BI & PD COMBINED	\$ 1,000	
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON OWNED AUTOS						
	<input type="checkbox"/> GARAGE LIABILITY						
	<b>EXCESS LIABILITY</b>				BI & PD COMBINED	\$	\$
	<input type="checkbox"/> UMBRELLA FORM						
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM						
<b>A</b>	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>				STATUTORY		
		SRW 317 4908	1/1/86	1/1/87		\$1,000 (EACH ACCIDENT)	
		SRW 317 4915 *				\$ (DISEASE POLICY LIMIT)	
						\$ (DISEASE-EACH EMPLOYEE)	
	<b>OTHER</b>						

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Operation anywhere in USA.

\*All operations in Texas covered under this policy.

## CERTIFICATE HOLDER

SOUTH CAROLINA DEPARTMENT OF HEALTH & ENVIRONMENTAL CONTROL, BUREAU OF HAZARDOUS WASTE MANAGEMENT  
2600 BULL STREET  
COLUMBIA, SC 29201

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE